



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: GOSHEN HOSPITAL (IU)

City of Hospital: Goshen

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Jeffrey Miller

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Medicare Provider Number: 150026

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$203223689
Outpatient Patient Service Revenue	\$424820747
Total Gross Patient Service Revenue	\$628044436

2. Deductions From Revenue

Contractual Allowance	\$353606417
Other Deductions	\$12032008
Total Deductions	\$365638425

3. Total Operating Revenue

Net Patient Service Revenue	\$262406010
Other Operating Revenue	\$6222626
Total Operating Revenue	\$268628636

4. Operating Expenses

Salaries and Wages	\$74194033	Employee Benefits	\$26648765
Depreciation and Amortization	\$11306494	Interest Expense	\$1156331
Bad Debt	\$21489163	Other Expenses	\$122145443
Total Operating Expenses	\$256940229		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$11688409	Total Assets	\$397963311
Net Non-operating Gains over Loss	\$26203716	Total Liabilities	\$65761442

Total Net Gains	\$37892125
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$297648225	\$238944126	\$58704099
Medicaid	\$73496378	\$54325266	\$19171112
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$256899832	\$60337026	\$196562806
Total	\$628044435	\$353606418	\$274438017

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$84900	\$0	\$84900

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$569087	\$742969	\$-173882

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$287292	\$949472	\$-662180

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	187315

Statement Six: Charity Statement

Hospital Charity Charges	\$8986799
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3369111	
HCI Payments	\$0		
Subtotal	\$0	\$3369111	\$-3369111
Medicaid Shortfalls	\$2743079	\$27553465	
Subtotal	\$2743079	\$30922576	\$-28179497
DSH Payments	\$1,442,599		
Subtotal	\$4185678	\$30922576	\$-26736898
Medicare Shortfalls	\$43574366	\$57132834	
Other Government Programs	\$0	\$0	
Total	\$47760044	\$88055410	\$-40295366

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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